

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/607852</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				2	
2			1			2	
3			1			1	
4		1				1	
5			2			1	
6			1			1	
7			2			1	
8			3			1	
9			2			1	
10			2			1	
11			2			1	
12			2			1	
13			2			1	
14			2			1	
15			2			1	
16			2			1	
17			2			1	
18			2			1	
19			2			1	
20			2			1	
21			2			1	
22			2			1	
23			2			1	
24			2			1	
25			2			1	
26			2			1	
27		1				1	
28			1			1	
29			1			1	
30		1				1	
31			1			1	
32			1			1	
33			2			1	
34			2			1	
35			2			1	
36			2			1	
37			2			1	
38			2			1	
39			2			1	
40			2			1	
41			2			1	
42			2			1	
43			2			1	
44			2			1	
45			2			1	
46			2			1	
47			2			1	
48			2			1	
49			2			1	
50			2			1	
TOTAL IND.						4	
TOTAL DEP.						112	
TOTAL CLAIMS						117	